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## BIB DATA SHEET

CONFIRMATION NO. 5447

| SERIAL NUMBER  | FILING or 371(c)<br>DATE<br>RULE  | CLASS   | GROUP ART UNIT                     | ATTORNEY DOCKET<br>NO.  |                           |                                |
|--|---|---|------------------------------------|---|---------------------------|--------------------------------|
| 10/580,587   | 05/25/2006  | 345   | 2629                               | 19862   |                           |                                |
| <b>APPLICANTS</b><br>Thomas Ziegler, Munchen, GERMANY;<br>Thomas Kobler, Munchen, GERMANY;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP04/13238 11/22/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 103 54 966.8 11/25/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>02/28/2007 |   |   |                                    |   |                           |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/DAVID LEE LEWIS/</u><br>Examiner's signature   |   | <input type="checkbox"/> Met after Allowance<br><u>Initials</u> | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWINGS</b><br>2   | <b>TOTAL CLAIMS</b><br>24 | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>SCULLY, SCOTT, MURPHY & PRESSER, P.C.<br>400 GARDEN CITY PLAZA<br>SUITE 300<br>GARDEN CITY, NY 11530<br>UNITED STATES  |   |   |                                    |   |                           |                                |
| <b>TITLE</b><br>Touch-sensitive input device and fault detection device for a touch-sensitive input device, in particular for medico-technical devices   |   |   |                                    |   |                           |                                |
| <b>FILING FEE RECEIVED</b><br>1100   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                           |                                |